GRANT COUNTY
COMMISSIONERS AGENDA MEETING REQUEST FORM
(Must be submitted to the Clerk of the Board by 12:00pm on Thursday)

REQUESTING DEPARTMENT: New Hope/Kids Hope		_{DATE:} 10.31	DATE: 10.31.2023		
REQUEST SUBMITTED BY: Suzi Fode		PHONE: 764.	DATE: 10.31.2023 PHONE: 764.8402		
	DING ROUNDTABLE: Suzi Foo				
CONFIDENTIAL INFORMATI					
TYPE(S) OF DOCUMENTS			THAT APPLY)		
□ Agreement / Contract □ Bids / RFPs / Quotes Award □ Computer Related □ Facilities Related □ Invoices / Purchase Orders □ Minutes □ Policies □ Recommendation □ Tax Levies	□ AP Vouchers □ Bid Opening Scheduled □ County Code □ Financial □ Grants – Fed/State/County □ Ordinances □ Proclamations □ Professional Serv/Consultant □ Thank You's	□ Appointment / Reappointment □ Boards / Committees □ Emergency Purchase □ Funds □ Leases ■ Out of State Travel □ Request for Purchase □ Support Letter □ Tax Title Property	□ARPA Related □Budget □Employee Rel. □Hearing □MOA / MOU □Petty Cash □Resolution □Surplus Req. □WSLCB		
SUGGESTED WORDING		(Who, What, When, Why, T			
Out of State Travel R	equest for Suzi Fode, Eli	isa Adolphsen, Trisha C	3lenn,		
Sara MacDonald and	Celina Garcia attending	the 2024 San Diego			
International Conference	ence on Child and Family	Maltreatment.			
	FISCAL / BUDGET II	MPACT:			
Please contact acco	unting to complete a Financi	al Request Form prior to su	bmission.		
	LEGAL REVIE	W:			
If this document re	quires legal review, route to l	egal for review prior to sub	mission.		
BOCC ACTION		(To Be Completed by BOC	CC Staff)		
DATE OF ACTION:		DEFERRED OR CONTINUED TO:			
APPROVE: DENII	<u>ABSTAIN</u>				
D1:					
D2:					
D3:					

Traveler's Name*	Dept/Committee*	Date of Request* [10/31/2023]		Travel Type* Out of State Travel	~
was socionario ancienti a serienti di seri					
Departure Date*	Return Date*	Grant*		Fund/Dept*	
1/21/2024	1/26/2024	Yes	~	128	
12:00 AM	11:30 PM			/.	
Destination (City, County, State)*		Purpose of Travel*			
San Diego, CA		2024 San Diego International C Family Maltreatment	Conference	o Child and	
Hotel - GSA Rate*	Hotel - Nightly Rate*	Cost Application*		Rental Car Required	
194	208	Conference Rate	~	No	~
	***************************************		٠		
Hotel Total*	Conference Fee*	Daily M&IE at Destination*		Rental Car Cost per day*	
1040	600	74		0	
		<u></u>			
	cost is greater than per diem, or government	rate)*			
Conference rate for lodging is above p The conference fee is covered by our Our group has received an additional	oer diem rate. state organization (not our grant funds). \$2,000 in sponsorship to help cover costs	(\$400 per person).			
Air Carrier*	Cost of Flight*	Total trip cost (Include all cost to	otals)*		
Delta and Alaska	300	\$1,347			
Preparer's Name*	because the access to the contract of the access to the ac	Preparer's Title*			
Suzi Fode	4	department head- Director	***************************************		
Preapproved by EO/DH?*	Use of travel card to fill a rental ve	chicle gas tank prior to its return is recommer	nded,		
Yes					

Traveler's Name* Suzi Fode	Dept/Committee* New Hope	Date of Request* 10/23/2023	Travel Type* Out of State Travel
Departure Date* 1/21/2024 10:30 AM	Return Date* 1/26/2024 11:30 PM	Grant* Yes ✓	Fand/Dept*
Destination (City, County, State)* San Diego, CA		Purpose of Travel* 2024 San Diego International Conference on Family Maltreatment	Child and
Hotel - GSA Rate*	Hotel - Nightly Rate* 208	Cost Application* Conference Rate ✓	Rental Car Required Yes
Hotel Total* 1040	Conference Fee* 600	Daily M&IE at Destination* [74]	Rental Car Cost per day* 95
Explanation for Rate (required if hotel cost is a Conference rate is above per diem rate for k The conference fee is covered by our state of Our group has received an additional \$2,000 cm.	odaina.	erson).	
Air Carrier* Delta & Alaska	Cost of Flight*	Total trip cost (include all cost totals)* \$1,823	
Preparer's Name*		Preparer's Title*	
Suzi Fode		department head - Oirector	
Preapproved by EO/DH?* Yes	Use of travel card to fill a rental vehicle gas ta	ink prior to its return is recommended.	

Traveler's Name*	Dept/Committee*	Date of Request*	Travel Type*	
Trisha Glenn	New Hope	10/31/2023	Out of State Travel	~
<u></u>				
Departure Date*	Return Date*	Grant*	Fund/Dept*	
1/21/2024	1/26/2024	Yes	V 128	
12:00 AM	11:30 PM			
Destination (City, County, State)*		Purpose of Travel*		
San Diego, CA		2024 San Diego International Co Family Maltreatment	onference on Child and	
Hotel - GSA Rate*	Hotel - Nightly Rate*	Cost Application*	Rental Car Required	
194	208	Conference Rate	✓ No	~
<u></u>				
Hotel Total*	Conference Fee*	Daily M&IE at Destination*	Rental Car Cost per day*	
1040	600	74	0	
			//	
Explanation for Rate (required if hoto	el cost is greater than per diem, or governmen	ıt rate)*		
Conference rate is above per diem The conference fee is covered by o Our group has received an addition	rate for lodging. ur state organization (not our grant funds). al \$2,000 in sponsorship to help cover cost	s (\$400 per person).	8	
Air Carrier*	Cost of Flight*	Total trip cost (Include all cost to	nis)*	
Delta and Alaska	300	\$1,347		
Parameter Name t		D		
Preparer's Name*		Preparer's Title*	and the same of th	
Suzi Fode		department head- Director		
Preapproved by EO/DH?*	Lieu of troval pard to fill a made i	unhigh and tank print to 35 yet to 15 year	lod	
Yes	Ose of travel card to lift a ferital t	/ehicle gas tank prior to its return is recommend	icu,	

Traveler's Name*	Dept/Committee*	Date of Request*	Travel Type*	
Celina Garcia	New Hope	10/31/2023	Out of State Travel	~
/2	//			
Departure Date*	Return Date*	Grant*	Fund/Dept*	
1/21/2024	1/26/2024	Yes	∀ 128	
12:00 AM	11:30 PM			
Destination (City, County, State)*		Purpose of Travel*		
San Diego, CA	<u>/</u>	2024 San Diego International C Family Maltreatment	Conference on Child and	
Hotel - GSA Rate*	Hotel - Nightly Rate*	Cost Application*	Reutal Car Required	
194	208	Conference Rate	✓ No	V
4	4			
Hotel Total*	Conference Fee*	Daily M&IE at Destination*	Rental Car Cost per day*	
1040	600	74	0	
L		<u> </u>	L	
Explanation for Rate (required if hoto	el cost is greater than per diem, or governme	nt rate)*		
Conference rate is above per diem The conference fee is covered by o Our group has received an addition	rate for lodging. ur state organization (not our grant funds). al \$2,000 in sponsorship to help cover cost	ts (\$400 per person).	4	
Air Carrier*	Cost of Flight*	Total trip cost (Include all cost to	tals)*	
Delta and Alaska	300	\$1,347	and de control between the cold of a distributed describer and a control of a contr	
<u></u>				
Preparer's Name*		Preparer's Title*		
Suzi Fode		department head- Director		
Preapproved by EO/DH?*	Use of travel card to fill a rental	vehicle gas tank prior to its return is recommen	ded	
Yes	V	gar with prior to to retain to recommen		

Traveler's Name*	Dept/Committee*	Date of Request*		Travel Type*	
Sara MacDonald	New Hope	10/31/2023		Out of State Travel	~
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Departure Date*	Return Date*	Grant*		Fund/Dept*	
1/21/2024	1/26/2024	Yes	~	128	
12:00 AM	11:30 PM				
Destination (City, County, State)*		Purpose of Travel*			
San Diego, CA	/	2024 San Diego International C Family Maltreatment	onference o	on Child and	
Hotel - GSA Rate*	Hotel - Nightly Rate*	Cost Application*		Rental Car Required	
194	208	Conference Rate	~	No	~
//					
Hotel Total*	Conference Fee*	Daily M&IE at Destination*		Rental Car Cost per day*	
1040	600	74		0	
	4			<u>/:</u>	
Explanation for Rate (required if hote	el cost is greater than per diem, or government	rate)**			
Conference rate is above per diem r The conference fee is covered by or Our group has received an additional	rate for lodging. ur state organization (not our grant funds). al \$2,000 in sponsorship to help cover costs	(\$400 per person).	<i>i</i> .		
Air Carrier*	Cost of Flight*	Total trip cost (Include all cost to	tals)#	•	
Delta and Alaska	300	\$1,347			
Preparer's Name*	· · · · · · · · · · · · · · · · · · ·	Preparer's Title*			
Suzi Fode		department head- Director		//	
Preapproved by EO/DH?*	Use of travel card to fill a rental ve	hicle gas tank prior to its return is recommen	ded		
Yes	V	9			